

CONFIDENTIAL

**Exhibit 2**

**From:** Bynum Megan <Katherine.Bynum@hcahealthcare.com>  
**Sent:** Thursday, February 13, 2020 10:51 AM  
**To:** Melissa Morell  
**Cc:** Jason Rivera; Teneshea LeGrand  
**Subject:** Re:AUA Affiliation  
**Attachments:** AUA - Grand Strand \_ .pdf

Here you go.

Megan Bynum  
615-372-6794

---

**From:** Melissa Morell <mmorell@AUAMED.ORG>  
**Sent:** Thursday, February 13, 2020 9:02 AM  
**To:** Bynum Megan <Katherine.Bynum@hcahealthcare.com>  
**Cc:** Jason Rivera <jrivera@AUAMED.ORG>; Teneshea LeGrand <tlegrand@AUAMED.ORG>  
**Subject:** {EXTERNAL} RE: AUA Affiliation

Good morning Megan,

Please see attached. This student will be limited to no more than 2 four week electives. Please let me know if there is anything else you need and I look forward to receiving a copy of the signed finalized contract.

Best regards,

---

**Melissa Morell**

Executive Director, Clinical Sciences Administration

p: (212) 661-8899, ext. 167

f: (646) 390-4947

[mmorell@auamed.org](mailto:mmorell@auamed.org)

Manipal Education Americas, LLC Representative for

**American University of Antigua College of Medicine**

1 Battery Park Plaza, 33rd floor

New York, NY 10004

[www.auamed.org](http://www.auamed.org)

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**From:** Bynum Megan [<mailto:Katherine.Bynum@hcahealthcare.com>]  
**Sent:** Friday, January 24, 2020 9:44 AM  
**To:** Melissa Morell <[mmorell@AUAMED.ORG](mailto:mmorell@AUAMED.ORG)>  
**Subject:** Re:AUA Affiliation

You will need to amend page 2 to list the student's information and then page 3 is for signature.

Megan Bynum

615-372-6794

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**From:** Melissa Morell <[mmorell@AUAMED.ORG](mailto:mmorell@AUAMED.ORG)>  
**Sent:** Friday, January 24, 2020 7:34 AM  
**To:** Bynum Megan <[Katherine.Bynum@hcahealthcare.com](mailto:Katherine.Bynum@hcahealthcare.com)>  
**Subject:** {EXTERNAL} RE: AUA Affiliation

Thank you for your reply, Ms. Bynum. We are prepared to sign this agreement, but will need a header and signature section added. Once received, I will move on having this signed right away.

---

**Melissa Morell**

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**From:** Bynum Megan [<mailto:Katherine.Bynum@hcahealthcare.com>]  
**Sent:** Tuesday, January 21, 2020 2:27 PM  
**To:** Melissa Morell <[mmorell@AUAMED.ORG](mailto:mmorell@AUAMED.ORG)>  
**Subject:** Re:AUA Affiliation

Thank you for reaching out. I have was able to receive approval for your student to rotate at Grand Strand. I have attached the approved HCA Healthcare template for your legal counsel to review. We will need to add the specific details of the student's rotation once the template is agreed upon.

K. Megan Bynum, Ed.D

Director of Resident Engagement Strategy

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Graduate Medical Education  
HCA | Physician Services Group

P 615.372.6794  
2000 Health Park Drive, Brentwood, TN 37027  
[HCAHealthcare.com](http://HCAHealthcare.com) | [Connect With Us](#)

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**From:** Melissa Morell <[mmorell@AUAMED.ORG](mailto:mmorell@AUAMED.ORG)>  
**Sent:** Tuesday, January 21, 2020 11:13 AM  
**To:** Bynum Megan <[Katherine.Bynum@hcahealthcare.com](mailto:Katherine.Bynum@hcahealthcare.com)>  
**Subject:** {EXTERNAL} AUA Affiliation

Good morning Ms. Bynum,

I am Melissa, Executive Director for Clinical Sciences Administration here at AUA College of Medicine. One of our students has approached Grand Strand Hospital about arranging a 4<sup>th</sup> year elective there. This particular student's father is the Chief of Anesthesiology at Grand Strand so Ms. Richardson in Medical Education, has graciously referred us to you in hopes of HCA entering into an affiliation with AUA. I am attaching our form of agreement for your consideration but, if you have a form of agreement that your hospital would prefer be used, we would be happy to consider it. Please feel free to contact me if you wish to discuss any aspect of our student's clerkship or the agreement.

Best regards,

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**Melissa Morell**

Executive Director, Clinical Sciences Administration

p: (212) 661-8899, ext. 167

f: (646) 390-4947

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## AAMC UNIFORM CLINICAL TRAINING AFFILIATION AGREEMENT

### VISITING STUDENT IMPLEMENTATION LETTER

The purpose of this letter is to provide a record of the clinical training affiliation agreement between American University of Antigua College of Medicine, c/o Manipal Education Americas, LLC (the "SCHOOL") and Grand Strand Regional Medical Center the ("HOST AGENCY") with respect to a clinical training experience for the SCHOOL'S students and the agreement of the parties to abide by all terms and conditions of the AAMC Uniform Clinical Training Affiliation Agreement (dated June 4, 2015) which is hereby incorporated by reference, without modification or exception except as specified below.

Modifications or Exceptions (if none, please indicate by writing "none"):

- I. Section A5 under Responsibilities of the SCHOOL (Page 2 of 9) removed and replaced as follows:

SCHOOL will require all participating students to have completed an appropriate criminal background check, and to have documented appropriate immunizations on file with SCHOOL. SCHOOL shall notify the student of Host Agency's requirement for evidence of successful criminal background check results, health and immunization records, and proof of negative drug test results prior to the first day of their learning experience. SCHOOL will also inform students that they may be required to undergo a drug test or other similar screening tests pursuant to the Host Agency's policies and practices, and that the cost of any such test will be paid by the student. All students shall pass a medical examination acceptable to Host Agency prior to their participation in the learning experience at Host Agency at least once a year or as otherwise required by applicable laws. SCHOOL and/or the student shall be responsible for arranging for the student's medical care and/or treatment, if necessary, including transportation in case of illness or injury while participating in the learning experience at Host Agency. In no event shall Host Agency be financially or otherwise responsible for said medical care and treatment. Students will present the following health records on the first day of their educational experience at Host Agency. Students will not be allowed to commence experiences until all records are provided:

- (i) Tuberculin skin test within the past 12 months or documentation as a previous positive reactor; and
- (ii) Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and
- (iii) Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
- (iv) Proof of Hepatitis B immunization or declination of vaccine, if patient contact is anticipated.
- (v) Proof of Influenza vaccination during the Flu season, October 1 to March 31, (or dates defined by CDC), or a signed Declination Form.
- (vi) Evidence of a Negative drug screen.

The background check for students shall include, at a minimum, the following:

- (i) Social Security Number Verification;
- (ii) Criminal Search (7 years or up to 5 criminal searches);

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- (iii) Violent Sexual Offender and Predator Registry Search;
  - (iv) HHS/OIG List of Excluded Individuals/Entities;
  - (v) GSA List of Parties Excluded from Federal Programs;
  - (vi) U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN); and
  - (vii) Applicable State Exclusion List, if available.
2. SCHOOL will and will require that each student keeps strictly confidential and holds in trust all non-public information of Host Agency, including all patient information, and refrains from disclosing such confidential information to any third party without the express prior written consent of Host Agency, provided that the minimum necessary confidential information may be disclosed pursuant to valid legal process or as required by law or court order after Hospital is permitted an opportunity to minimize the potential harmful effects of such disclosure. SCHOOL shall not disclose the terms of this Agreement to any person who is not a party to this Agreement or a student, except as required by law or as authorized by Host Agency. These confidentiality requirements survive the termination or expiration of the Agreement.
  3. Only those students who apply for and are accepted to a rotation at Host Agency through ClinicianNexus or a similar program in use by Host Agency will be permitted to rotate to Host Agency pursuant to this agreement.
  4. SCHOOL will require each student to complete and submit the Confidentiality and Security Agreement attached hereto as Exhibit B, before the student is permitted to participate in the Program onsite at Hospital.
  5. SCHOOL shall require each Student to sign a Statement of Responsibility, in the form attached hereto as Exhibit C.
  6. School shall advise Student to provide evidence to the Host Agency of any required criminal background checks and drug test issued by PreCheck, and that the cost of any such test will be paid by the student. Host Agency shall provide instructions to School for student to access PreCheck and appropriately forward test results to Host Agency prior to any rotation at Host Agency.
  7. Section O, Entire Agreement, add to the end of the Section:

This Agreement supersedes all prior agreements between the parties related to the subject matter hereof.

Student Name: Emily L. Maggioncalda

Clinical Training Experience: various specialties

Dates of Training Experience: March 2020 – July 2020

[Signatures on Following Page]

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This IMPLEMENTATION LETTER is effective when signed by all parties. The individuals executing this IMPLEMENTATION LETTER are authorized to sign on behalf of their institutions and certify that their institutions have accepted the terms of the Uniform Clinical Training Agreement and further agree to comply with its terms except as noted above.

SCHOOL: American University of Antigua College of Medicine

Signature: [Signature] Date: 13 Feb 2020  
Vice President for Administration & Community Affairs

Address: University Park  
Jabberwock Beach Road  
P.O. Box W1451  
Coolidge, Antigua

HOST AGENCY: Grand Strand Regional Medical Center

Signature: [Signature] Date: 2/13/20

By: ~~Scott Dunean, MD, MPH, MBA~~ Victor E. Collier MD, FACP,

Title: DIO

Rotation Address: Grand Strand Regional Medical Center  
809 82ND PARKWAY  
MYRTLE BEACH, SC 29572